

**Minutes of Meeting**  
**Health Services Council**  
**Project Review Committee-I**

**DATE: 30 October 2007**

**TIME: 2:30 PM**

**LOCATION: Conference Room C**  
**Department of Administration**

**ATTENDANCE:**

**Committee-I: Present: Victoria Almeida, Esq., (Vice Chair), Edward F. Almon, John W. Flynn, M.D., Amy Lapierre, Thomas M. Madden, Esq., Robert J. Quigley, DC, (Chair), Larry Ross**

**Excused Absences: Robert S.L. Kinder, M.D.**

**Not Present: Joseph V. Centofanti, Robert Ricci, Robert Whiteside**

**Staff: Valentina Adamova, Michael K. Dexter, Chrystele Lauture (Intern), Joseph G. Miller, Esq., Christine Tice (Intern)**

**Public: (Attached)**

**1. Call to Order, Approval of Minutes, Conflict of Interest Forms and Time Extension for the Minutes Availability**

The meeting was called to order at 2:30 PM. The Chairman noted that conflict of interest forms are available to any member who may have a conflict. Minutes of the 22 May 2007 and 16 October 2007 Project Review Committee-I meetings were approved as submitted. The Chairman requested a motion for the extension of time for the availability of minutes pursuant to the Open Meetings Act. A motion was made, seconded and passed by a vote of six in favor and none opposed (6-0) that the availability of the minutes for this meeting be extended beyond the time frame provided for under the Open Meetings Act. Those members voting in favor were: Almeida, Almon, Flynn, Lapierre, Madden, Quigley, Ross.

## **2. General Order of Business**

The first item on the agenda was the Change Order Request of Women & Infants Hospital [Care New England Health System] to the 2 November 2005 approval of the Certificate of Need to construct a five-story addition and increase the number of NICU bassinets and licensed bed capacity for obstetric services.

Staff noted that Women & Infants had received financial questions from the Committee. Mr. Flynn asked how the Council may be made aware of non-compliance with conditions. Staff answered that the Council can require applicants to provide periodic reporting. The

**applicant stated that they already provide annual reports.**

**The applicant reviewed responses to follow-up questions. With regards to the timeline, each of the three phases of construction have a checkpoint and at each point the expenditure was over the budget. The budget then had to be re-worked which caused delay. With regards to contingency, the applicant stated that a contingency is a common practice in construction because of unknowns in a project. Mr. Ross questioned the need for such a large contingency when the maximum cost of the project has been fixed. The applicant replied that the set maximum price is for the determined aspects of the construction and the contingency is for unknowns. Mr. Ross noted that he would like the contingency unknowns identified in a report. The Chair noted that he would like a report of the use of contingency, and what would happen to any unused funds.**

**The applicant reviewed the sources of equity contribution. Staff asked for a clarification on the restricted funds. The applicant replied that these are restricted purpose funds that have been released for this project and are another form of operating cash. There is no money allocated from the endowment towards this project. Mr. Madden wondered how this money is distinguished from philanthropy. The applicant replied that these are funds earned by the hospital.**

**The applicant noted the positive net income of the hospital since**

**June 2007. The hospital's JCAHO standards have been met and a copy of the survey was provided in the response to questions. Staff requested a clarification of the RIHEBC bond and whether it would be utilized for any other purpose beside the proposal. The applicant responded that the bond is only for the project.**

**Staff notified the Committee that since 2001 revised AIA Guidelines have been published and that the applicant was asked whether their proposal would meet the revised 2006 guidelines. The applicant noted that they meet all the requirements. The Chair inquired whether the addition would support the project volume. The applicant replied that the hospital should be able to handle the expected volume except in the situations of national emergency. With regards to the changes in design, the applicant noted that the changes were limited to the decrease in half of the basement space.**

**Per Chair's request, it was announced that representatives from the Department of Health, Health Insurance Commissioner and Health and Human Services would meet with the applicant to resolve outstanding issues pertaining to this project and this information would be reported back to the Committee at the next meeting.**

**There being no further business the meeting was adjourned at 3:45 PM.**

**Respectfully Submitted,**

**Valentina D. Adamova, MBA**